

**Testimony**  
**Diane L. Manning, President/CEO**  
**United Services, Inc.**  
**to the**  
**Public Health and Human Services Committees**  
**Informational Forum on Privatization of**  
**DMHAS and DDS Services**  
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Thank you for this opportunity to testify before the Public Health and Human Services Committees today. My name is Diane Manning. I serve as President and CEO of United Services, Inc, a comprehensive behavioral health and social services provider for all ages in Eastern Connecticut. I am here today as a private not-for-profit provider of vital human services, who also happens to be a unionized provider of services.

Just a few short months ago I testified alongside of representatives of our employee union, District 1199, at the Forum on Quality Services for Individuals with Developmental Disabilities and Mental Health Concerns. Then, as now, we all stand together today to call on the General Assembly to insure that the essential services provided by private agencies are adequately funded so that residents continue to have access to quality services, and taxpayers are assured of having cost-effective programs with positive outcomes.

Today I would like to share with you a brief success story, to illustrate that the state can provide cost effective, quality services through privatization. Yet I must also caution about the potential pitfalls of privatization plans in the face of a pattern of chronic under-funding of the programs developed in this process over the long run.

United Services participated in the planning for the closure of Norwich Hospital in the mid 1990s, and developed programs designed to support individuals with long histories of inpatient institutional care in community settings. Due to the commitment of multiple players, both state and not-for-profit, Norwich Hospital closed in 1996, and several hundred people began new lives in the community. A similar process was undertaken to close Fairfield Hills Hospital at the same time.

The programs we developed at the time have evolved over the intervening 13 years, since the clients who come to us now rarely have lived much of their lives in institutions, and the supports they need and want are different from those appropriate for people who had been "institutionalized". We now talk of "recovery" and evidence-based practices, value peer supports and expect that anyone who wants to work in competitive employment should be able to do so.

The group home we developed as an alternative to Norwich Hospital has moved to a new facility, but more importantly, it has become a place to spend a few months to learn skills and stabilize symptoms until residents move on to their own integrated apartments in the community. When we started the group home, we expected that people would live there for many years, and in fact our average length of stay was well over four years.

Today, our average length of stay is closer to four months. And those who came to us from Norwich Hospital? More than 80% are successfully living in independent apartments with case management visits, active social, volunteer and work lives, and a quality of life they could not have experienced in an institution. By the way, the total cost of these community services for the average individual is still less than the cost of care for the average patient at Norwich Hospital 13 years ago!

There are countless others instances in which private non-profit providers can achieve improved outcomes at a fraction of the current cost of providing services. Thus there is no doubt that patients' quality of life can improve through privatization. There is also no doubt that the state can achieve significant savings through privatization, without sacrificing quality of care.

What is in doubt is whether the state will stand by its commitment to ensure the adequate long term funding necessary to achieve sustainable, affordable, high quality services in the community. And what is in doubt is whether the state agencies will reverse a trend of demanding more services and reporting for the same or less funding, reducing the qualifications for direct service workers to reduce contract costs, reducing funding for supervision and training that helps to insure service delivery quality, and inadequately funding providers so that basic infrastructure needs and repairs and maintenance on facilities and vehicles become too expensive pay for.

We are somewhat unique in that, as a unionized provider, I cannot simply bend to the demands of a state agency to reduce salaries to a lower rate that someone somewhere is paying for frequently dissimilar services. I can not arbitrarily reduce health insurance and other benefits. However, the quality of my staff and the outcomes they are able to help their clients achieve speaks for the value of paying a reasonable, living wage and benefits for the very important work of helping some of the most vulnerable residents of the state. I certainly wouldn't choose the cheapest cardiac surgeon without a thought to quality if I needed care. The state should not be looking for the cheapest option either, but looking for the quality of care as well.

For the private community providers of human services, the reality is that the cost of providing services has grown far faster than the funding provided by the state for those services. Add to that a state budget that provides no funding increases for the foreseeable future, at a time when the national recession makes these supportive services that much more vital and in demand, and one can reasonably expect that the quantity and quality of services for these vulnerable populations will further erode.

Community services provided by responsible community based agencies are a valuable option to institutional care. The quality of life for those for whom this transition is appropriate can be greatly enhanced, and the savings to the state can be substantial. However, there must be adequate planning and a commitment to adequate continuing funding to insure that the community services actually can provide the right care for each person, and that quality is not compromised in the race to the cheapest option.

Thank you for your attention, and I would be happy to answer any questions.